

Depend on our people. Count on our advice.5M

REDACTED - FOR PUBLIC INSPECTION

June 28, 2016

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 300659 Telephone Service Company Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Telephone Service Company, OH, SAC 300659 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant phintz@otcpas.com
(651) 621-8535

Enclosures

FCC Foi	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	300659	
<015>	Study Area Name	TELEPHONE SERVICE	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Aaberg	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3208477109 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	maaberg@hcinet.net	
	Form Type	54.313 and 54.422	

<010> Study Area Code <015> Study Area Name <020> Program Year	Data Collection Form		FCC Form OMB Con July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
		300659			
		TELEPHONE SERVICE			
		2017			
<030> Contact Nam	Contact Name - Person USAC should contact regarding this data	Mark Aaberg			
<035> Contact Tele	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.			
<039> Contact Emai	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net			
<110> Has your c	Has your company received its ETC certification from the FCC?	(yes / no)	•		
If your ans <111> year plan"	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?) (ou/sək)	00		
If your ans <112> deli plan" on fi service. <112> Attach Fiv CETC whic	If your answer to Line <111> is yes, please file a progress report, on line <111> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.		3006590H112.pdf		
Please sel that the a service qui	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	n year	Name of	Name of Attached Document	
 <113> Maps deta <114> Report ho <115> How much (<116> How much (<117> How much (<118> Provide ar in the prior 	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve service quality How much (USF) was used to improve service coverage and how support was used to improve service coverage How much (USF) was used to improve service capacity and how support was used to improve service capacity Provide an explanation of network improvement targets not met		Yes Yes Yes Yes Yes Yes		

2015 Study Area Code TREATMENT STUDY Area Name Program Vear 2017 Program Vear Program Vear 2017 Program Vear Program		Person USAC ne Number- idress - Emai	:should contact: Number of period of the state of the sta	tregarding this: irson identified in erson identified is erson identified is erson identified in erson identi	data n data line <03(in data line <03(le voice servic 	300659 TELEPHONE SE 2017 Mark Aaberg D> 3208477109 e 0> maabergehcii coutages? color: blue; Cab	RVICE **** net . net No <c2> Customers</c2>	<d><d><d><d><d><d><d><d><d><d><d><d><d><</d></d></d></d></d></d></d></d></d></d></d></d></d>	<e>> Service Outage Description (Check all that apply)</e>	<pre></pre> <pre></pre> <pre></pre> <pre></pre> <pre>Affect Multiple Study Areas (Yes / No)</pre>	68	\$
Study Area Name		Person USAC ne Number- idress - Emai	Should contactions of periods of	tregarding this care in the ca	data In data line <03(In data line <03(In data line <03(In data line <03) In data line <03(In data line <0)	TELEPHONE SE 2017 Mark Aaberg D> 3208477109 6 CO maabergehtcii coutages? <c1> C1> Customers Affected</c1>	RVICE ***C. net.net No <c2> Customers</c2>	<d><d><d><d><d><d><d><d><d><d><d><d><d><</d></d></d></d></d></d></d></d></d></d></d></d></d>	<e> Service Outage Description (Check all that apply)</e>		60	\$
Contact Name - Person USAC should contact regarding this data		Person USAC Idress - Emai	Should contactor Number of period and address of period are there character characters. Outage Start Time	tregarding this reson identified in prison identifi	data In data line <03(In data	2017 Mark Aaberg D 3208477109 6 O> maabergehoii c outages? <c1> Customers Affected</c1>	net .net No <c2> Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>Service Outage Description (Check all that apply)</e>		\delta \d	\$
Contact Name - Person USAC should contact regarding this data line 403D 2018/17/19 w.c Contact Telephone Number of person identified in data line 403D 18/18/17/19 w.c Contact Tenal Address of person identified in data line 403D 18/18/17/19 w.c For the prior calendar year, were there any reportable voice service outages? ADDRESS Act Datage Start Outage Start Outage End Outage End Outage End Outage For Date Number of Time Outage Telephone Number of Outage Start		Person USAC Idress - Emai alendar yez utage Start Date	Should contact. Number of period and address of period address of period and address of period address of	tregarding this reson identified in grson iden	data In data line <033 In data line <033 In data line <030 In data line <030 Coutage End Time (Mark Aaberg 3> 3208477109 e 0> maaberg@hcii ce outages? <c1> <c1> Customers Affected Customers Affected</c1></c1>	net .net No <c2> Total Number of Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>Service Outage Description (Check all that apply)</e>		\dagger \dagge	\$
Contact Telephone Number of person identified in data line 4030> maxbergaliscitaet .nat Contact Email Address of person identified in data line 4030> maxbergaliscitaet .nat For the prior calendar year, were there any reportable voice service outages? ADDRESS ANDRESS		ne Number - Idress - Emai slendar yez utage Start Date	Number of period Address of pe	rson identified in groun identified in grany reportable chas chas Date	n data line <03 in data line <03 le voice servic 	2) 3208477109 e C) maaberg@hcii ce outages? <c1> Coutamer of Customers Affected</c1>	net .net No <22> Total Number of Customers	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>		\$	\$
Contact Email Address of person identified in data line <030> naabasegabic cined. not		ldress - Emai	I Address of pe ir, were there Cutage Start Time	e any reportable (b) contage End Date	n data line <03(O> maabergehcii e Outages? <c1> Number of Customers Affected</c1>	No <c2> Total Number of Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>> Service Outage Description (Check all that apply)</e>		ŝ	(\$
For the prior calendar year, were there any reportable voice service outages? ANORS Reference Outage Start Outage Each Outage End Number of Number of Number of Number of Outage Start Out		4b1> utage Start Date	cb2> Coutage Start Time	e any reportables and character char	cb voice servic	e outages? <u><u>><u>><u>><u>><u>><u>><u>><u>><u>></u></u></u></u></u></u></u></u></u></u>	<c2> Customers</c2>	<d>>d> 911 Facilities Affected (Yes / No)</d>	<e>Service Outage Description (Check all that apply)</e>		⟨8⟩	\$
NORS	NORS Reference Number	 vtage Start Date	 Outage Start Time	 cb3> Outage End Date		Number of Sustamers Affected	<c2> Total Number of Customers</c2>	<d><d></d></d>911 Facilities Affected (Yes / No)	<e>Service Outage Description (Check all that apply)</e>		\&	< \
NORS Reference Outage Start Outage End Outag	NORS Reference Number	utage Start Date	Outage Start Time	Outage End Date		Number of Lustomers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)			
Date Time Date Time Customers Affected Total Number of Affected Customers (Yes / No)		Date	E E E E E E E E E E E E E E E E E E E	Date		Sustaments Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)			
											Service Outage Resolution	Preventative Procedures
										_		

Page 3

300) Unfulfilled Service Request	Err Earn Ag
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	300659
<015> Study Area Name	TELEPHONE SERVICE
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<300> Unfulfilled service request (voice)	
<310> Detail on attempts (voice)	
Nams	Name of Attached Document
<320> Unfulfilled service request (broadband)	0
< 33(h. Datail on attamnts (hroadhand)	
	Name of Attached Document

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300659	
<015>	Study Area Name	TELEPHONE SERVICE	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should conta	act regarding this data Mark Ad	iberg
<035>	Contact Telephone Number - Number of p <030>		3208477109 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line	maaberg@hcinet.net
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior h you are designated an ETC for	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed v	oice	0.0
<420>	Complaints per 1000 customers for mobile	voice	
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or gro the prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed b	roadband	0.0
<450>	Complaints per 1000 customers for mobile	broadband	

	mpliance With Service Quality Standards and Consumer Protection Rules lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	300659	
<015>	Study Area Name Program Year	TELEPHONE SERVICE 2017	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg 3208477109 ext.	
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net	
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	3006590H510.pdf iles Compliance	

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	3006590H610.pdf
<030> <035> <039> <600>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Certify compliance regarding ability to function in emergency situations	Mark Aaberg 3208477109 ext. maaberg@hcinet.net Yes

(700) Pr	rice Offering	(700) Price Offerings including Voice Bate Data	Rate Data				FCC Form 481	481	
Data Cc	Data Collection Form						OMB Cont July 2013	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ontrol No. 3060-0819
<010>	Study Area Code	Code			300659				
<015>	Study Area Name	Name			TELEPHONE SERVICE	BRVICE			
<020>	Program Year	ear			2017				
<030>	Contact Na	Contact Name - Person USAC should contact regarding this data	should contac	t regarding this da	ata Mark Aaberg	£			
<032>		Contact Telephone Number - Number of person identified in data line <030>	Number of pe	rson identified in	data line <030>	3208477109 ext.			
<039>		Contact Email Address - Email Address of person identified in data line <030>	I Address of pe	erson identified in	data line <030>	maaberg@hcinet.net			
<701>	Residential Lo	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ective Date Service Charge	1/1,	1/1/2016				
<703>	<a1></a1>	<a>2>	<a>2	 b1>	<	\$p3>	 b4>	< 405	\$
		Cochonac (IIEC)	(0130) 043	Cont. Coto	Residential Local	consent of contract of contrac	0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Mandatory Extended Area	Total Control
	State	Exchange (ILEC)	SAC (CEIC)	rate Iype	Service Kate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	lotal per line kates and rees
					See at	See attached worksheet			
•									

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	<010> Study Area Code 30	300659
<015>	<015> Study Area Name	TELEPHONE SERVICE
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	<pre><030> maaberg@hcinet.net</pre>

_												
<d4>></d4>	Usage Allowance Action Taken When Limit Reached { <i>select</i> }											
<d3></d3>	Usage Allowance (GB)											
<d2></d2>	Broadband Service - Upload Speed (Mbps)											
<d1></d1>	Broadband Service - Download Speed (Mbps)											
<>>>	Total Rate and Fees				hed							
<bs></bs>	State Regulated Fees				See attached	oco ando	אסועאוופפר -					
 b1>	Residential Rate											
<a2></a2>	Exchange (ILEC)											
<a1></a1>	State											
<711>		•										

de me		July 2013
Study Area Code Study Area Name		
Study Area Name	300659	
No contract of the contract of	TELEPHONE SERVICE	
Flogialii reai	2017	
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg	
<035> Contact Telephone Number - Number of person identified in data line <030> 32	3208477109 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> max	maaberg@hcinet.net	
<pre><810> Reporting Carrier</pre>		
<811> Holding Company Hanson Communications, Inc.		
<pre><812> Operating Company</pre>		
<813> <a1>></a1>	<a>>	<a>> <a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
	See attached worksheet	vorksheet

(900) Tribal Lands Reporting	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	300659
<015> Study Area Name	TELEPHONE SERVICE
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<900> Does the filing entity offer tribal land services? (Y/N)	No
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
2 0 4	
 <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements 	
 <920> Compilance with Faciliues Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements. 	

		Page 12
(1000) V Data Co	(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	פשאטער
<015>		TELEPHONE SERVICE
<020>		2017
<030>		Mark Aaberg
<032>		3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<1000>	Voice services rate comparability certification	Yes
<1010>	Attach detailed description for voice services rate comparability compliance	3006590H1010.pdf
		Name of Attached Document
<1020>	Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	3006590H1030.pdf
		Name of Attached Document

100) No ata Coll	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<032>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	pddx

(1200) To Lifeline Data Col	(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<032>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net
		3006590H1210.pdf
<1210>	. Tarms & Conditions of Voice Telephony Lifeline Plans	
0		
	J	Name of Attached Document
<1220>	Link to Public Website	
"Please c or the we	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to	
§ 54.422(a)(2) a annually report:	§ 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Pi	(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Col	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	<010> Study Area Code	300659
<015>	<015> Study Area Name	TELEPHONE SERVICE
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<032>	<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net	maaberg@hcinet.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

						Name of Attached Document Listing Required Information		Name of Attached Document Listing Required Information	
Incremental Connect America Phase I reporting	2nd Year Certification 47 CFR § $54.313(b)(1)(i)$ - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	3rd Year Certification 47 CFR § $54.313(b)(1)(ii)$ - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	Round 2 Recipient of Incremental Support?	Attach list of census blocks indicating where funding was spent in year two - $54.313(b)(2)(ii)$. Round 2 recipients only.	Round 1 or Round 2 Recipient of Incremental Support?	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)
Inc	<2010>	<2011>	<2022>	<2023>	<2024A>	<2024B>	<2025A>	<2025B>	<2015>

(2000) Price Cap Carr Data Collection Form	(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
אירום-אירום	including kate-oj-ketarii carriers ajjiilatea witii Price cap Local Excribinge carriers	orner line
Price (<2016> Connect	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} 16> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(v)	
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in $\$54.309$ to 60% of its supported locations in the state on December $\$1,2018-54.313(e)(4)$	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in $\$54.309$ to $\$0\%$ of its supported locations in the state on December $\$1,2019-54.31\$(e)(5)$ Recipient certifies that it offered broadband meeting the requisite public	
	interest obligations specified in $\$54.309$ to 100% of its supported locations in the state on December 31, 2020 - $54.313(e)(6)$	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan			
(3009)	Carrier certifies to 54.313(f)(1)(iii)			
		Yes - Attach	h Certificati	on
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		30	00659oh3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing		
(3012A)	Community Anchor Institutions {47 CFR §	Information Not Applicable - No Attachment R	Leguired	
(3012A)	54.313(f)(1)(ii)}	NOT Applicable NO Accaemicite R	Г	
(3012B)	Please Provide Attachment	Name of Attached Document Listing	g Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)		
(3014)	If yes, does your company file the RUS annual report	(Yes/No)		
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		_	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		_ ¬	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Information	g Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)		
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		✓	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		✓	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		✓	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			3006590H3026.pdf
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing	g Required	300033013020.pdf

FCC Form 481	OMB Control No. 3060-0986/OMB Con	July 2013
(3005) Rate Of Return Carrier Additional Documentation (Continued)	Data Collection Form	

300659	TELEPHONE SERVICE	2017	Mark Aaberg	3208477109 ext.	maaberg@hcinet.net
Study Area Code	Study Area Name	Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030> 3208477109 ext.	<039> Contact Email Address - Email Address of person identified in data line <030> maaberg@hcinet.net
<010>	<015>	<020> Pr	<030>	<035>	<039>

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> maaberg@hcinet.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	300659
<015>	Study Area Name	TELEPHONE SERVICE
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: TELEPHONE SERVICE

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/23/2016

Printed name of Authorized Officer: Lonnie Pederson

Title or position of Authorized Officer: COO

Telephone number of Authorized Officer: 4197392227 ext.

Study Area Code of Reporting Carrier: 300659 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

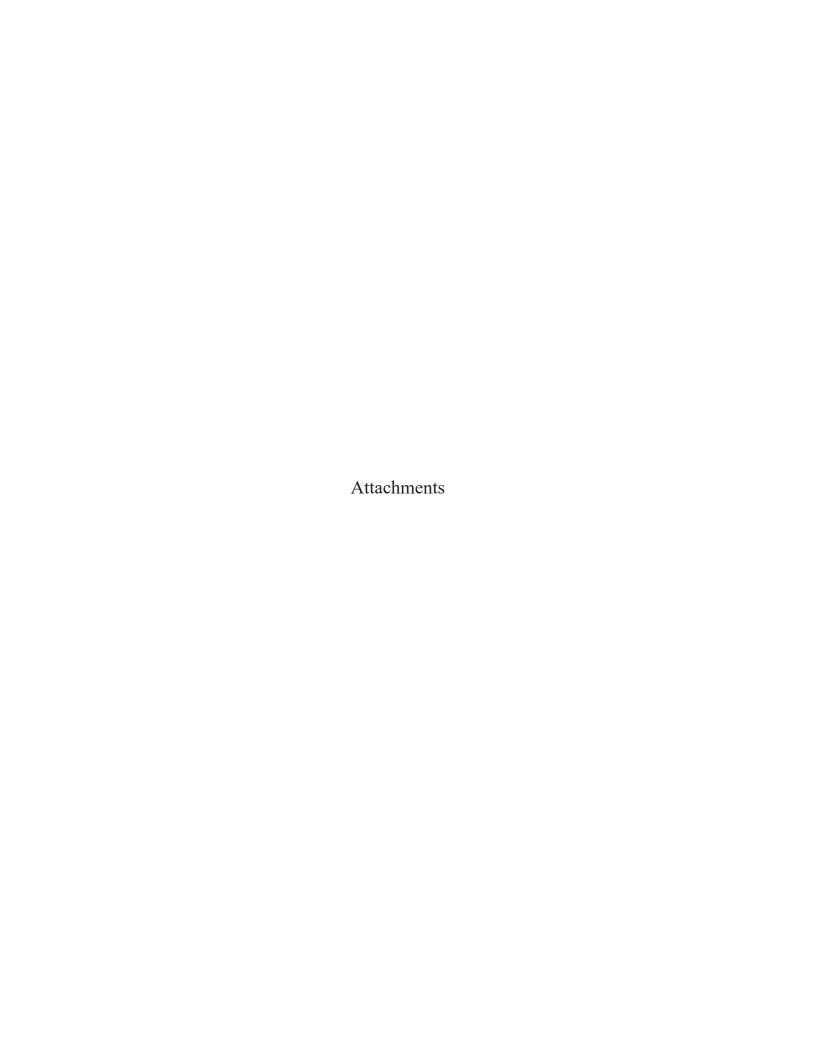
	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. July 2013	3060-0819
<010>	Study Area Code	300659	
<015>	Study Area Name	TELEPHONE SERVICE	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Aaberg	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carr agent; and, to the best of my knowledge, the report	is authorized to submit the information reported on behalf of the reporting carrie ny responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this fo	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	horized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	m can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	<010> Shiidy Area Code	300659
<015>	<015> Study Area Name	TELEPHONE SERVICE
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg
<032>	<035> Contact Telephone Number - Number of person identified in data line <030> 3208477109 ext.	3208477109 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	<pre>< <030> maaberg@hcinet.net</pre>

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

1/1/2016

<>>>	Total per line Rates and Fees	10.0	10.0										
<92>	Mandatory Extended Area Service Charge	0.0	0.0										
 	State Universal Service Fee		0.0										
<63>	State Subscriber Line Charge	0.0	0.0										
<\$2>	Residential Local Service Rate	10.0	10.0										
 b1>	Rate Type	FR	FR										
<a3></a3>	SAC (CETC)												
<a2></a2>	Exchange (ILEC)	Wapakoneta	Cridersville										
<a1></a1>	State	НО	НО										

FCC Form 481	OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013
(710) Broadband Price Offerings	Data Collection Form	

<010>	<010> Study Area Code	Code			300659	659				
<015>	<015> Study Area Name	Name			TELI	TELEPHONE SERVICE				
<020>	<020> Program Year	ar			2017	7				
<030>	Contact Nar	<030> Contact Name - Person USAC should contact regarding this data	contact regarding	this data	Mar	Mark Aaberg				
<032>	Contact Tele	<035> Contact Telephone Number - Number of person identified in data line <030> 3208477109 ext.	r of person identii	ied in data line <030>	3201	8477109 ext.				
<039>	Contact Ema	<039> Contact Email Address - Email Address of person identified in data line	ss of person identi	ified in data line <030>	maak	maaberg@hcinet.net				
<711>	<711>	<a2></a2>	 b1>	<bs></bs> <bs></bs> <br< td=""><td><o></o></td><td><d1></d1></td><td><d2></d2></td><td><q3></q3></td><td><d4></d4></td><td></td></br<>	<o></o>	<d1></d1>	<d2></d2>	<q3></q3>	<d4></d4>	

<d4>></d4>	Usage Allowance Action Taken When Limit Reached {select}	Other, no usage on limit allowance												
	Usage Allowance (GB)	0.0	0.0	0.0	0.0									
<q3></q3>	Broadband Service - Broadband Service Usage Allowance Download Speed (Upload Speed (Mbps) (GB)	1.0	1.0	1.0	1.0									
<d2></d2>	Broadband Service - Download Speed (Mbps)	15.0	5.0	15.0	5.0									
<c> <d1></d1></c>	Total Rates and Fees	44.99	37.99	44.99	37.99									
<bs></bs> <bs></bs> <br< th=""><th>State Regulated Fees</th><th>0.0</th><th>0.0</th><th>0.0</th><th>0.0</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></br<>	State Regulated Fees	0.0	0.0	0.0	0.0									
 b1>	Residential Rate	44.99	37.99	44.99	37.99									
<a2></a2>	Exchange (ILEC)	Wapakoneta	Wapakoneta	Cridersville	Cridersville									
<a1></a1>	State	НО	НО	Ю	ЮН									

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

10	<010> Study Area Code		300659	
15>	<015> Study Area Name		TELEPHONE SERVICE	
20	<020> Program Year		2017	
ô	Contact Name - Person U	<030> Contact Name - Person USAC should contact regarding this data	Mark Aaberg	
32	· Contact Telephone Numb	<035> Contact Telephone Number - Number of person identified in data line <030>	3208477109 ext.	
>6	Contact Email Address - E	<039> Contact Email Address - Email Address of person identified in data line <030>	maaberg@hcinet.net	
ŝΙ	<810> Reporting Carrier	Telephone Service Company		
1	<811> Holding Company	Hanson Communications, Inc.		
2	<812> Operating Company	Telephone Service Company		
<813>		<a1></a1>	<a2></a2>	<93>
		Affiliates	SAC	Doing Business As Company or Brand Designation
	עליט מיהוט	Clara City Telephone	361370	Clara City Telenhone

<93>	Doing Business As Company or Brand Designation	Clara City Telephone	Sacred Heart Telephone	Starbuck Telephone	Ft Randall Telephone & Mount Rushmore Telephone	Zumbrota Telephone	Telephone Service Company	Middle Point Telephone									
<a2></a2>	SAC	361370	361476	361487	391660	361515	300659	300633									
<813> <a1></a1>	Affiliates	Clara City Telephone	Sacred Heart Telephone	Starbuck Telephone	Ft Randall Telephone	Zumbrota Telephone	Telephone Service Company	Middle Point Telephone									

SAC: 300659 State: OH

Telephone Service Company

Form 481 Line No. 112 Five Year Network Improvement Plan

PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN





LINE 113 - MAPS DETAILING PROGRESS TOWARDS MEETING PLAN TARGETS

LINE 114 thru 117 UNIVERSAL SERVICE

¹ 47 U.S.C. § 254(e). ² 47 C.F.R. § 54.314(a).

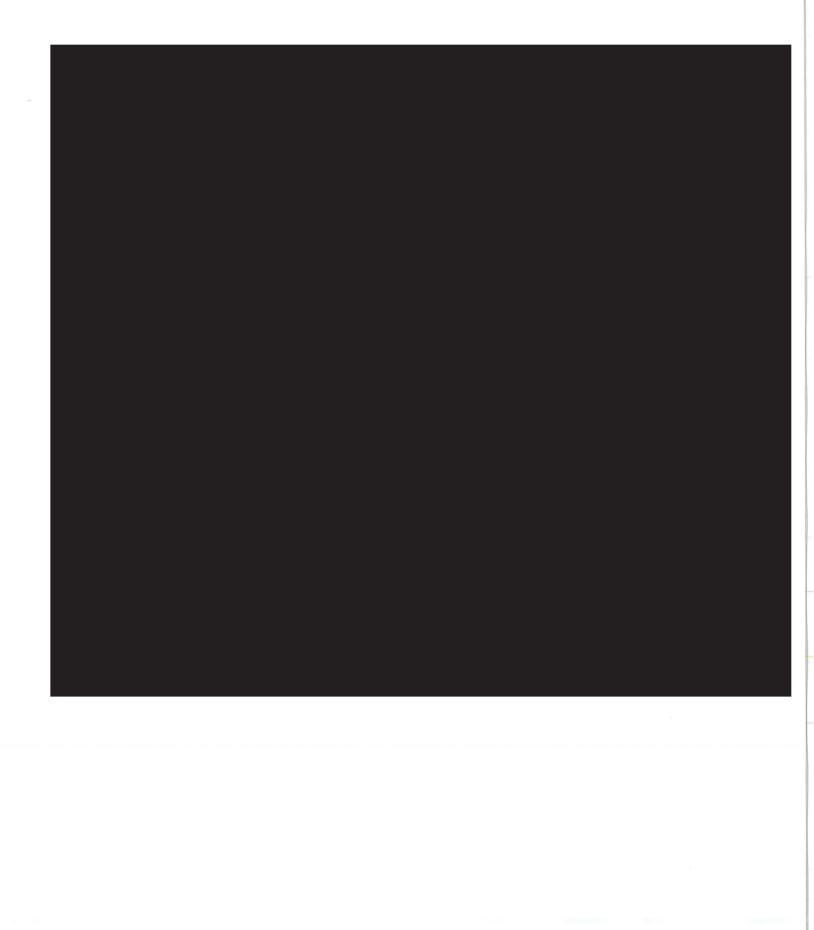
³ 47 C.F.R. § 54.314(b).

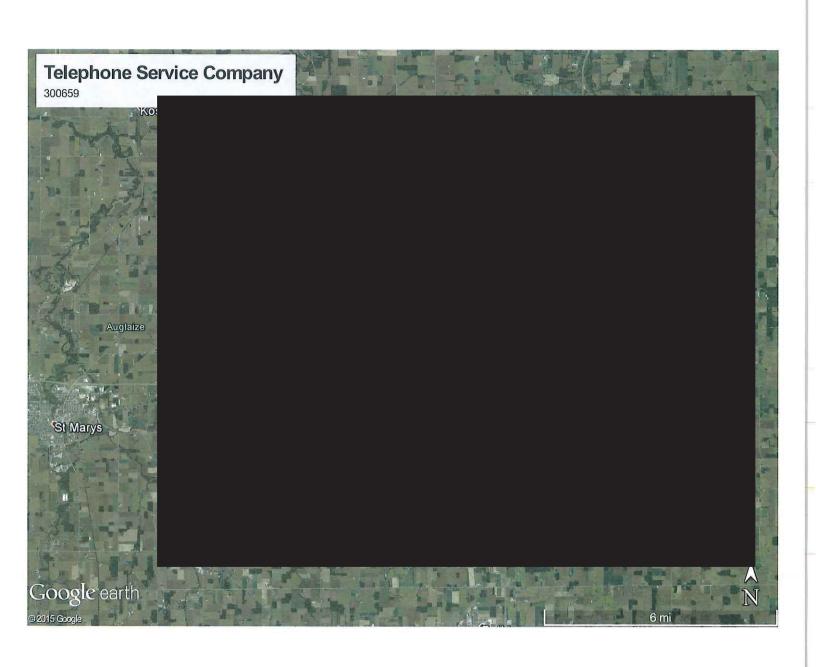
 $^{^4}$ See USF/ICC Transformation Order at Para. 612.

⁵ Id.

⁶ *Id.* (emphasis supplied).







SAC: 300659 State: OH

Telephone Service Company

Form 481 Line No. 510 Compliance with Quality Standards and Consumer Protection

As required by Ohio law, Chapter 4901:1-6 of the Ohio Administrative Code governs the Service Quality Standards and Consumer protections for our customers. Telephone Service Company is in full compliance with sections outlined below. Telephone Service Company files tariffs as required by the Commission of Ohio and uses internal procedures to ensure we remain compliant with all State and Federal rules, including, but not limited to Federal CPNI rules, Red Flag Rules, Truth in Billing Rules and Slamming and Preferred Carrier Freeze rules.

4901:1-6-01	Definitions
4901:1-6-02	Purpose and Scope
4901:1-6-03	Investigation and Monitoring
4901:1-6-04	Application and Notice Filings
4901:1-6-05	Automatic Approval and Notice Filing Process
4901:1-6-06	Suspensions
4901:1-6-07	Customer Notice Requirements
4901:1-6-08	Telephone Company Certification
4901:1-6-09	Eligible Telecommunications Carriers
4901:1-6-10	Competitive Emergency Services Telecommunications Carrier Certification
4901:1-6-11	Tariff Services
4901:1-6-12	Service Requirements for BLES
4901:1-6-13	Warm Line Service
4901:1-6-14	BLES Pricing Parameters
4901:1-6-15	Directory Information
4901:1-6-16	Unfair or Deceptive Acts and Practices
4901:1-6-17	Truth in Billing Requirements
4901:1-6-18	Slamming and Preferred Carrier Freezes
4901:1-6-19	Lifeline Requirements
4901:1-6-20	Discounts for Persons with Communications Disabilities

4901:1-6-21	Termination of Community Voicemail Pilot Program
4901:1-6-22	Inmate Operator Service
4901:1-6-23	Pay Telephone Access Lines
4901:1-6-24	Wireless Service Provisions
4901:1-6-25	Withdrawal of Telecommunications Services
4901:1-6-26	Abandonment
4901:1-6-27	Provider of Last Resort (POLR)
4901:1-6-28	Bankruptcy
4901:1-6-29	Telephone Company Procedures for Notifying the Commission of Changes in Operations
4901:1-6-30	Company Records and Complaint Procedures
4901:1-6-31	Emergency and Outage Operations
4901:1-6-32	Boundary Changes, and Administration of Borderline Boundaries
4901:1-6-33	Excess Construction Charges Applicable to Certain Line Extensions for the Furnishing of Local Exchange Telephone Service
4901:1-6-34	Filing of Contracts, Agreements, or Arrangements Entered into Between Telephone Companies
4901:1-6-35	Filing of Reports by Telephone Companies Subject to the Federal Communications Commission
4901:1-6-36	Telecommunication Relay Services Assessment Procedures
4901:1-6-37	Assessments and Annual Reports

Telephone Service Company

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Telephone Service Company is in full compliance of Ohio rule 4901:1-6-3, "Emergency and Outage Conditions" which is outlined below. Telephone Service Company has permanently installed a back-up generator for each central office and maintains adequate portable generators for remote serving stations. Employees remain informed as to the procedures to be followed in emergency situations based on the guidance in our written emergency plan.

4901:1-6-3

- (A) Each facilities-based local exchange carrier (LEC) shall design, operate, and maintain its facilities to continue to provide customers with the ability to originate and receive calls at all times. The commission will utilize existing FCC rules applicable to emergency and outage operations. Companies shall submit outage reports utilizing, at the company's discretion, either existing FCC reports or a format determined by the commission.
- (B) Each facilities-based LEC shall submit, within two hours of discovery, to the commission's outage coordinator and when appropriate, the news media in the affected area, a notification that it has experienced an outage, whenever that outage occurs on any facility that it owns, operates, leases or otherwise utilizes and is both:
 - (1) Expected to last for a period in excess of thirty minutes.
 - (2) Potentially affects at least nine hundred thousand user minutes in the incumbent local calling area.
- (C) Each facilities-based LEC shall report, by telephone or electronic means, a disruption of 9-1-1 services, which impairs 9-1-1 service within a given county 9-1-1 system, immediately to each county 9-1-1 public safety answering point, to the Ohio 9-1-1 coordinator, and to the news media in the affected area, when appropriate.
- (D) Each facilities-based LEC experiencing a loss of communications or selective routing to a public safety answering point, as a result of an outage described under paragraphs (B) and (C) of this rule, shall also notify, as soon as possible, by telephone or electronic means, any official who has been designated by the management of the affected 9-1-1 facility as the LEC's contact person for communication outages at that facility; and the LEC shall convey to that person all available information that may be useful to the management of the affected facility in mitigating the effects of the outage on efforts to communicate with that facility.
- (E) Each facilities-based LEC experiencing an outage described under paragraphs (B) and (C) of this rule, shall electronically submit to the commission's outage coordinator the same information as that provided to the FCC or the following information:

- (1) A notification that it has experienced a outage, which shall include the name of the reporting entity, the date and time of the onset of the outage, a brief description of the problem, the particular service affected, the geographic area affected by the outage, the number of customers affected, an estimate of when the service, including 9-1-1, will be restored, and a contact name and telephone number by which the commission's outage coordinator may contact the reporting entity.
- (2) Not later than seventy-two hours after discovering the outage, an initial communications outage report, which shall include all pertinent information then available on the outage and shall be submitted in good faith.
- (3) Not later than thirty days after discovering the outage, the provider shall submit electronically a final communications outage report, which shall include all pertinent information on the outage, including any information that was not contained in, or that has changed from that provided in, the initial report.
- (F) Each facilities-based LEC shall develop, implement, and maintain an emergency plan and make it available for review by commission staff. The plan shall include, but not be limited to, all of the following:
 - (1) Procedures for maintaining and annually updating a list of those customers who have subscribed to the federal telecommunications service priority program, as identified in 47 C.F.R. 64, appendix A.
 - (2) Procedures for priority treatment in restoring out-of-service trouble of an emergency nature for customers with a documented medical or life-threatening condition.
 - (3) In addition to the telecommunications service priority program, each LEC shall develop policies and procedures regarding those customers who require priority treatment for out-of-service clearance. Such procedures shall include a table of restoration priority, including, but not limited to, subscribers such as police and fire stations, hospitals, key medical personnel, and other utilities.
 - (4) Procedures for restoring service to priority critical facilities customers.
 - (5) Identification and annual updates of all of the facilities-based LEC's critical facilities and reasonable measures to protect its personnel and facilities.
 - (6) Assessments and evaluations of telecommunications facilities available to provide back-up service capabilities.
 - (7) Procedures for after-action assessments and reporting following activation of any part of the emergency plan. An after-action report will be written and will include lessons learned, deficiencies in the response to the emergency, and deficiencies in the emergency plan.

- (8) A current list of the names and telephone numbers of the facilities-based LECs' emergency service personnel to contact and coordinate with in the event of any real or anticipated local or national threats to its ability to provide telecommunications service.
- (9) A current list of the names and telephone numbers of the facilities-based LEC's emergency service personnel that is made available to the commission's emergency coordinator, upon request.
- (10) A continuity of operations plan to assure continuance of minimum essential functions during a large scale event in which staffing is reduced. Such plans shall provide for:
 - (a) Plan activation triggers such as the world health organization's pandemic phase alert levels, widespread transmission within the United States, or a case at one or more locations within Ohio.
 - (b) Identification of a pandemic coordinator and team with defined roles and responsibilities for preparedness and response planning.
 - (c) Identification of minimal essential functions, minimal staffing required to maintain such essential functions, and personnel resource pools required to ensure continuance of those functions in progressive stages associated with a declining workforce.
 - (d) Identification of essential employees and critical inputs (e.g., raw materials, equipment, suppliers, subcontractor services/products, and logistics) required to maintain business operations by location and function.
 - (e) Policies and procedures to address personal protection initiatives.
 - (f) Policies and procedures to maintain lines of communication with the public utilities commission of Ohio during a declared emergency.
- (G) Each facilities-based LEC shall amend its emergency plan in accordance with the findings identified in the after-action assessment report required under paragraph (F)(7) of this rule.

Telephone Service Company

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On April 5, 2016 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$41.07

3. Id. at 17694, para. 84."

As required Telephone Service Company hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$41.07.

Telephone Service Company

Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On April 5, 2016 the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 16-362. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban=rate-survey-data."

As required Telephone Service Company hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

Telephone Service Company

Form 481 Line No. 1210 Lifeline Plans, Terms and Conditions

Telephone Service Company is in full compliance to all Federal Lifeline eligibility rules and regulations as well as Ohio Revised Code 4901:1-6-19, Lifeline Requirements, which states:

4901:1-6-19

- (A) An incumbent local exchange carrier (ILEC) that is an eligible telecommunications carrier (ETC) under 47 C.F.R. 54.201 shall implement lifeline service throughout the ILEC ETC's traditional service area for its eligible residential customers.
- (B) Lifeline service shall be a flat-rate, monthly, primary access line service with touch-tone service and shall provide all of the following:
 - (1) A recurring discount to the monthly basic local exchange service rate that provides for the maximum contribution of federally available assistance;
 - (2) Not more than once per customer at a single address in a twelve-month period, a waiver of all nonrecurring service order charges for establishing service;
 - (3) Free blocking of toll service, 900 service, and 976 service;
 - (4) A waiver of the federal universal service fund end user charge;
 - (5) A waiver of the telephone company's service deposit requirement.
- (C) The ILEC ETC may offer to lifeline service customers any other services and bundles or packages of service at the prevailing prices, less the lifeline discount.
- (D) The ILEC ETC also shall offer special payment arrangements to lifeline service customers that have past due bills for regulated local service charges, with the initial payment not to exceed twenty-five dollars before service is installed, and the balance for regulated local service charges to be paid over six, equal monthly payments. Lifeline service customers with past due bills for toll service charges shall have toll restricted service until the past due toll service charges have been paid or until the customer establishes service with another toll provider.
- (E) Every large ILEC required to implement lifeline service shall establish an annual marketing budget for promoting lifeline service and performing outreach regarding lifeline service. Every large ILEC shall work with the advisory board established in paragraph (F) to reach consensus, where possible, regarding an appropriate budget for promoting lifeline and performing outreach and regarding how the budget will be spent. All funds allocated to this budget shall be spent for the promotion and marketing of lifeline service and outreach regarding lifeline service and only for those purposes and not for any administrative costs of implementing lifeline service.

- (F) All activities relating to the promotion of, marketing of, and outreach regarding lifeline service provided by the large ILECs shall be coordinated through a single advisory board composed of staff of the public utilities commission, the office of the consumers' counsel (OCC), consumer groups representing low income constituents, two representatives from the Ohio association of community action agencies, and every large ILEC. The commission staff shall provide active leadership in the initial organization of the statewide board and the development of procedures and bylaws under which the board will operate. Commission staff shall, with the assistance of the office of the consumers' counsel, work with the advisory board to reach consensus on the organization of the board and all activities relating to the promotion of, marketing of, and outreach regarding lifeline service. However, where consensus is not possible, the commission's staff shall make the final determination. Decisions on the organization of the board and decisions of the advisory board including decisions on how the lifeline marketing, promotion, and outreach activities are implemented are subject to commission review.
- (G) All other aspects of an ILEC ETC's state-specific lifeline service shall be consistent with federal requirements. The rates, terms, and conditions for the ILEC's lifeline service shall be tariffed in accordance with rule 4901:1-6-11 of the Administrative Code.
- (H) Eligibility for lifeline service under this rule shall be based on either of the following criteria:
 - (1) An individual's verifiable participation in any federal or state low-income assistance program that limits assistance based on household income. These programs include:
 - (a) Medical assistance under Chapter 5111. of the Revised Code (medicaid) or any state program that might supplant Medicaid;
 - (b) Supplemental nutritional assistance program (SNAP/food stamps):
 - (c) Supplemental security income (SSI) under Title XVI of the Social Security Act;
 - (d) Social security disability insurance blind and disabled (SSDI);
 - (e) Federal public housing assistance, or section 8;
 - (f) Home energy assistance programs (HEAP, LIHEAP, E-HEAP);
 - (g) National school lunch program's free lunch program (NSL);
 - (h) Temporary assistance for needy families (TANF/Ohio works); or
 - (i) General assistance, including disability assistance (DA).

The commission may add or remove programs from this list as required by federal or state law.

- (2) Other verification that an individual's household income is at or below one hundred fifty per cent of the federal poverty level. ILEC ETC's may use any reasonable method of verification. Consistent with federal law, examples of acceptable documentation include the following:
 - (a) State or federal income tax return;
 - (b) Current income statement or W-2 from an employer;
 - (c) Three consecutive months of current pay stubs;
 - (d) Social security statement of benefits;
 - (e) Retirement/pension statement of benefits;
 - (f) Unemployment/workmen's compensation statement of benefits;
 - (g) Any other legal document that would show current income (such as a divorce decree or child support document).
- (I) All ILEC ETCs must verify customer eligibility consistent with the federal communications commission's (FCC) requirements in 47 C.F.R. 54, to enroll customers into lifeline assistance who qualify through household income-based requirements.
- (J) The commission shall work with the appropriate state agencies that administer federal or state low-income assistance programs and with carriers to negotiate and acquire information necessary to verify an individual's eligibility and the data necessary to automatically enroll eligible persons for lifeline service.
- (K) To the extent that appropriate state agencies are able to accommodate automatic enrollment, every ILEC ETC shall automatically enroll customers into lifeline assistance who participate in a qualifying program.
- (L) An ILEC ETC shall provide written notification if the carrier determines that an individual is not eligible for lifeline service enrollment and shall provide the person an additional thirty days to prove eligibility.
- (M) An ILEC ETC shall provide written customer notification if a customer's lifeline service benefits are to be terminated due to failure to submit acceptable documentation for continued eligibility for that assistance and shall provide the customer an additional sixty days to submit acceptable documentation of continued eligibility or dispute the carrier's findings regarding termination of the lifeline service.

- (N) Commission staff will maintain on the commission's website a copy of boilerplate customer notices that are compliant with the FCC's requirements. Any ILEC ETC choosing to create and use its own customer notice shall submit its proposed notice to commission staff for approval.
- (O) An ILEC ETC shall establish procedures to verify an individual's continuing eligibility for both program and income-based criteria consistent with the FCC's requirements in 47 C.F.R. 54.409 to 54.410. ILEC ETCs shall maintain records to document compliance with these requirements and shall attest, as part of the periodic ETC certification process by the commission, that they comply with the FCC's requirements.
- (P) An ILEC ETC may recover through a customer billing surcharge on retail customers of the ILEC's telecommunications service other than lifeline service customers, any lifeline service discounts and any other lifeline service expenses that are not recovered through federal or state funding and that are approved by the commission under this paragraph. The surcharge may not include recovery of expenses related to the marketing and promotion of lifeline service. The surcharge may be established through one of the following means:
 - (1) An ILEC ETC that chooses to establish a customer billing surcharge to non-lifeline customers, to recover lifeline service discounts and expenses identified in this paragraph shall file a thirty-day application for tariff amendment (ATA). Such application may request recovery of lifeline service discounts that are not recovered through federal or state funding such as federal universal service fund end user charges, service connection charges, blocking of 900/976, recurring discount maximizing the contribution of federally available assistance, and recurring retail price differences between the frozen lifeline service rate and residential BLES rates, as well as lifeline service expenses that are not recovered through federal or state funding such as administrative expenses for the sole purpose of verifying the eligibility and enrolling of lifeline customers. An applicant must provide documentation to support its proposed surcharge and its compliance with this rule. Absent suspension or other commission action, the application shall be deemed approved and become effective on the thirty-first day or later date if requested by the company.
 - (2) An ILEC ETC requesting recovery of any expenses not specified in paragraph (P)(1) of this rule shall file an application with the commission, using the most up-to-date telecommunications filing form, under the TP-UNC case purpose code. An applicant must provide documentation to support its proposed customer billing surcharge and its compliance with this rule and must further support its request for recovery of any expenses not specified in paragraph (P)(1) of this rule with a detailed supporting memorandum. Absent suspension or commission action, the application shall be deemed approved and become effective on the one hundred twenty-first day or later date if requested by the company.
- (Q) If an ILEC ETC chooses to establish a customer billing surcharge to recover its lifeline expenses under paragraph (P)(1) or (P)(2) of this rule, the lifeline surcharge shall not appear in the section of the bill reserved for taxes and government-mandated charges as set forth in 47 C.F.R. 64.2400 to 64.2401.
- (R) An ILEC ETC that is authorized to establish a customer billing surcharge under either paragraph (P)(1) or (P)(2) of this rule shall annually file with the commission a report that identifies actual amounts recovered and the actual lifeline service discounts and any other lifeline service expenses incurred for the prior period. The company shall provide such data as necessary to enable the

commission to validate such amounts to ensure that the company did not over recover its approved expenses from customers. The commission shall establish for each such company the timeframe for filing this report when the commission approves any such billing surcharge. The annual filing may be contained in a request to adjust the billing surcharge in accordance with paragraph (P)(1) or (P)(2) of this rule, but shall be provided via a separate filing and docketed in a generic case number to be established by the commission, if no adjustment to the billing surcharge is sought. Any over-recovery or under-recovery shall be offset against or added to the next year's recovery.

- (S) Every ILEC ETC shall file with the commission in its annual assessment report the number of its customers who receive, at the time of filing of the report, lifeline service.
- (T) Upon request of commission staff, additional information regarding customer subscription to and disconnection of lifeline service shall be provided to commission staff in accordance with rule 4901:1-6-30 of the Administrative Code.

1221

The following local tariff provides the terms and conditions for voice telephony plans offered to Lifeline customers.

1222 and 1123

The flat rate service includes unlimited local calling service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that the customer selects.

P.U.C.O. NO. 6

MISCELLANEOUS SERVICES AND EQUIPMENT (Continued)

LIFELINE REQUIREMENTS

(T) (N)

Telephone Service Company shall provide Lifeline service as defined in 47 C.F.R. § 54.401(a) on a non-discriminatory basis to all qualifying low-income customers. Telephone Service Company's Lifeline service offering shall comply with all applicable federal and state laws, including, but not limited to, 47 C.F.R. Part 54, Subpart E; the FCC's Lifeline reform order (Report and Order released February 6, 2012, WC Docket No, 11-42, et. al) and any subsequent clarifying orders; Section 4927.13, Revised Code; Rule 4901:1-6-19, Ohio Administrative Code; and, the Commission's nontraditional Lifeline service order (Finding and Order adopted May 23, 2012, Case No. 10-2377-TP-COI) and any subsequent entries and/or orders.

(N)

(D)

(D)

ISSUED: June 21, 2012 EFFECTIVE: June 21, 2012

Telephone Service Company

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Telephone Service Company hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

Telephone Service Co

Form 481 Line No. 3017 RUS Annual Report

ATTACHMENT REDACTED IN ENTIRETY